

UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF PUERTO RICO

IN RE: **ANA S. ABREU CLASS**

DEBTOR(S)

BK. CASE #

CHAPTER 13

CHAPTER 13 PAYMENT PLAN

NOTICE: • The following plan contains provisions which may significantly affect your rights. You should read this document carefully and discuss it with your attorney. When confirmed, the plan will bind the debtor and each creditor to its terms. Objections must be filed in writing with the Court and served upon the debtor(s), debtors' counsel, the Trustee and any other entity designated by the Court, at the 341 meeting of creditors or not less than twenty (20) days prior to the scheduled confirmation hearing. For post confirmation Plan Modifications, objections must be filed and notified in the same manner within twenty (20) days from its notification. • **This plan does not allow claims.** Any party entitled to receive disbursements from the Trustee must file a proof of claim. The Trustee will pay the allowed claims, as filed, provided for in the plan, unless disallowed or expressly modified by the Court and / or the terms of the plan. If no claim is filed, the Trustee will not pay a creditor provided for in the plan, unless ordered by the Court. If the Trustee is to make POST-PETITION REGULAR MONTHLY PAYMENTS to any Secured obligation, then a proof of claim must be filed including the following information: account number, address, due date and regular monthly payment. Secured creditor must notify any change in the monthly payment, three (3) months prior to the effective date of new payment. Those post-petition monthly payments will not exceed the life of the plan. • See the notice of commencement of case for 341 meeting date and claims bar date, the latter is the date by which a proof of claim must be filed in order to participate of the plan distribution.

1. The future earnings of the Debtor(s) are submitted to the supervision and control of the Trustee and the Debtor(s) shall make payments to the Trustee:
 directly by payroll deductions, as hereinafter provided in the PAYMENT PLAN SCHEDULE.
2. The Trustee shall distribute the funds so received as hereinafter provided in the DISBURSEMENT SCHEDULE.
3. The Confirmation Order will not vest property of the Estate on Debtor(s) until the Order discharging Debtor(s) is entered.

PLAN DATED: September 15, 2011

PRE POST-CONFIRMATION

AMENDED PLAN DATED:
FILED BY DEBTOR TRUSTEE UNSECURED CREDITOR

I. PAYMENT PLAN SCHEDULE		
\$ 335.00	x 60	=\$ 20,100.00
\$ 0.00	x 0	=\$ 0.00
\$ 0.00	x 0	=\$ 0.00
\$	x	=\$
\$	x	=\$
TOTAL =	60	\$ 20,100.00

Additional Payments:

\$ _____ to be paid as a LUMP SUM
within _____ with proceeds to come from

Sale of property identified as follows:

Other: _____

Periodic Payments to be made other than and in addition to
the above.

\$ _____ x _____ = \$ _____
To be made on: _____

PROPOSED PLAN BASE: \$ 20,100.00

II. ATTORNEY'S FEES

To be treated as a § 507 Priority, and paid before any
other creditor and concurrently with the Trustee's fees,
unless otherwise provided:

a. Rule 2016(b) Statement:	\$ 3,000.00
b. Fees Paid (Pre-Petition):	(\$ 100.00)
c. R 2016 Outstanding balance:	(\$ 2,900.00)
d. Post Petition Additional Fees:	\$ 0.00
e. Total Compensation:	\$ 3,000.00

Signed: /s/ ANA S. ABREU CLASS
DEBTOR

JOINT DEBTOR

III. DISBURSEMENT SCHEDULE SEQUENCE		
A. SECURED CLAIMS:	<input type="checkbox"/> Debtor represents that there are no secured claims.	
	<input checked="" type="checkbox"/> Secured creditors will retain their liens and shall be paid as follows:	\$ 0.00
<input type="checkbox"/> ADEQUATE PROTECTION Payments: Cr. _____		
Cr. CAMUYCOOP	Cr. _____	Cr. _____
Acct. XX368-1	Acct. _____	Acct. _____
\$ 12,000.00	\$ _____	\$ _____
<input type="checkbox"/> Trustee will pay REGULAR MONTHLY PAYMENTS: (please refer to the above related notice, for important information about this provision)		
Cr. _____	Cr. _____	Cr. _____
Acct. _____	Acct. _____	Acct. _____
Monthly Pymt. \$ _____	Monthly Pymt. \$ _____	Monthly Pymt. \$ _____
<input type="checkbox"/> Trustee will pay IN FULL Secured Claims:		
Cr. _____	Cr. _____	Cr. _____
\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Trustee will pay VALUE OF COLLATERAL:		
Cr. _____	Cr. _____	Cr. _____
\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Secured Creditor's interest will be insured. INSURANCE POLICY will be paid through plan: Cr. _____ Ins. Co. _____ Premium: \$ _____		
(Please indicate in "Other Provisions" the insurance coverage period)		

<input type="checkbox"/> Debtor SURRENDERS COLLATERAL TO Lien Holder:
<input checked="" type="checkbox"/> Debtor will maintain REGULAR PAYMENTS DIRECTLY to: CAMUYCOOP
B. PRIORITIES. The Trustee will pay §507 priorities in accordance with the law [§1322 (a)(2)].
<input type="checkbox"/>
C. UNSECURED PREFERRED: Plan <input type="checkbox"/> Classifies <input checked="" type="checkbox"/> Does not Classify claims
<input type="checkbox"/> Class A: <input type="checkbox"/> Co-debtor Claims: <input type="checkbox"/> Pay 100% <input type="checkbox"/> "Pay Ahead"
<input type="checkbox"/> Class B: <input type="checkbox"/> Other Class:
<input type="checkbox"/> Cr. _____ <input type="checkbox"/> Cr. _____ <input type="checkbox"/> Cr. _____
\$ _____ <input type="checkbox"/> Cr. _____ <input type="checkbox"/> Cr. _____

D. GENERAL UNSECURED NOT PREFERRED: (Case Liquidation Value = \$ **19,273.17**)
 Will be paid 100% plus % Legal Interest. Will be paid Pro-Rata from any remaining funds

OTHER PROVISIONS:

**DEBTOR WILL PAY TO THE PLAN ANY TAX REFUND DURING
THE LIFE OF THE PLAN.**

ATTORNEY FOR DEBTOR: /s/ JUAN O. CALDERON-LITHGOW Phone: (787) 858-5476

